

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

17062  
Do not use this space.

REC'D JUN 19 1939

791  
1008

4596

1. PLACE OF DEATH

(a) County..... / Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 or  
 (c) City..... St. Louis (d) Street No..... Homer Phillips Hospital St.  
 Life (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 516 Marcella Lambert

(a) Residence, No. 1613a Carr St. 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>39</u>	<u>--</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles Rollins

14. BIRTHPLACE (CITY OR TOWN)..... Missouri (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mamie Bell

16. BIRTHPLACE (CITY OR TOWN)..... Missouri (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park DATE 5-19-39

19. FUNERAL DIRECTOR (NAME) J. P. Richardson (ADDRESS) 2625 Washington

20. FILED MAY 19 1939 J. P. Budick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1939, 19  , to May 15, 1939, 19  .  
 I last saw her alive on May 15, 1939 Death is said to have occurred on the date stated above, at 5:05p.m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertensive heart disease  
Chronic nephritis  
 Date of onset 4/27/39

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy?..... no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19    
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) J. P. Budick, M. D.  
 (Address) 2601 N Whittier

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1605

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**